

FEE TRANSMITTAL for FY 2007

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 490)

Complete if Known

Application Number	10/560,177
Filing Date	01/29/2007
First Named Inventor	Kranzley
Examiner Name	Kamal, Shahid
Art Unit	3621
Attorney Docket No.	070457.2081

METHOD OF PAYMENT (check all that apply)

Check Credit card Money Order Other None

Deposit Account:

Deposit Account Number	02-4377
Deposit Account Name	Baker Botts L.L.P.

The Director is authorized to: (check all that apply)

Charge fee(s) indicated below Credit any overpayments
 Charge any additional fee(s) or any underpayment of fee(s)
 Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

FEE CALCULATION

Extra Claim Fees

	Extra Claims	Fee	Fee Paid
Total Claims		x 52	= \$0
Independent Claims		x 220	= \$0
Multiple Dependent			= \$0
SUBTOTAL			\$0

Fee Description	Large Entity	Small Entity
Claims in excess of 20	52	26
Independent claims in excess of 3	220	110
Multiple dependent claim, if not paid	390	195

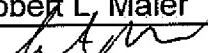
FEE CALCULATION (continued)

ADDITIONAL FEES

<input type="checkbox"/>	Surcharge - late oath or filing fee	
<input type="checkbox"/>	Non-English Specification	
<input type="checkbox"/>	Extension for reply within first month	
<input checked="" type="checkbox"/>	Extension for reply within second month	\$490
<input type="checkbox"/>	Extension for reply within third month	
<input type="checkbox"/>	Extension for reply within fourth month	
<input type="checkbox"/>	Extension for reply within fifth month	
<input type="checkbox"/>	Notice of Appeal	
<input type="checkbox"/>	Filing a brief in support of an appeal	
<input type="checkbox"/>	Petition to revive - unavoidable	
<input type="checkbox"/>	Petition to revive - unintentional	
<input type="checkbox"/>	Utility Issue Fee	
<input type="checkbox"/>	Design Issue Fee	
<input type="checkbox"/>	Publication Fee	
<input type="checkbox"/>	Petitions to the Commissioner	
<input type="checkbox"/>	Request for Continued Examination (RCE)	
<input type="checkbox"/>	Information Disclosure Statement (IDS)	
Other fee -		

SUBTOTAL (\$ 490)

(Complete if applicable)

Name (Print/Type)	Robert L. Maier	Registration No. (Attorney/Agent)	54,291	Telephone	212-408-2500
Signature				Date	02/18/2010

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

This collection of information is required by 37 CFR 1.17 and 1.27. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.